

FUTURE GOALS FORM

THE UNIVERSITY OF MELBOURNE MELBOURNE SCHOOL OF PSYCHOLOGICAL SCIENCES

MASTER & MASTER/PHD PROGRAM - CLINICAL NEUROPSYCHOLOGY

(To be completed by the supervisor. One copy to be sent to the Placement Coordinator and one copy to be taken by the student to the next placement.)

Student Name: _____

Supervisor(s): _____

Specific competencies requiring further development (*tick as needed*):

- Ability to establish and maintain rapport with patients
- Interview skills
- Knowledge of tests and assessment techniques appropriate to the patient population at the placement setting
- Proficiency in appropriate test selection for each patient, and awareness of limitations of tests
- Proficiency in administering psychometric tests
- Proficiency in scoring and interpretation of psychometric tests
- Understanding of the approaches to neuropsychology at the placement setting
- Knowledge of neuropsychological disorders encountered at the placement
- Independence and initiative in learning about unfamiliar conditions/presentations
- Ability to formulate appropriate hypotheses regarding the patients' deficit(s) and to investigate these hypotheses in a systematic and rigorous manner
- Report writing: addressing the referral question, clarity of expression, logical ordering of findings, integration of findings, recommendations, referrals
- Delivery of post-diagnostic feedback / counselling
- Quality of interaction with other staff at the placement
- Communication skills with other professionals
- Appropriate use of support networks
- Response to feedback from supervisor(s)
- Knowledge and appropriate use of relevant hospital/services procedures
- Potential to improve professional and assessment skills
- Personal appearance/presentation, punctuality, reliability
- Knowledge of ethical principles of practice
- Record keeping, rate of working / ability to meet deadlines, general efficiency

Other Specific Goals for Further Placement:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____

Signatures:

Student: _____ Date: _____

Current Supervisor: _____ Date: _____

Next Supervisor: _____ Date: _____

This form must be submitted to the placement coordinator by the student IMMEDIATELY AFTER COMPLETION (INCLUDING ALL SIGNATURES).